FILING DATE SERIAL NO. **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER 1st AMENDMENT AFTER 2nd AMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. DEP. IND. DEP. * TOTAL IND. TOTAL IND. _1 TOTAL DEP. TOTAL DEP.

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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